

**THE MICHIGAN DEPARTMENT OF CIVIL SERVICE IS ACCEPTING APPLICATIONS FOR  
CLIENT CARE EXAMINATION**

**No. 7034**

**— An Evaluation of Education and Experience is Required —**

**All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment.**

Applicant pools will be maintained for the following job titles:

<b>Job Titles</b>	<b>Min Hourly Rate as of 10/1/2002</b>	<b>Max Hourly Rate as of 10/1/2002</b>
<b>Assistance Payments Worker 8-11</b>	<b>\$14.28</b>	<b>\$20.33</b>
<b>Child Care Worker 8-E9</b>	<b>\$13.98</b>	<b>\$17.54</b>
<b>Migrant Program Worker 8-E10</b>	<b>\$14.28</b>	<b>\$19.22</b>
<b>Youth Specialist 7-10</b>	<b>\$13.47</b>	<b>\$19.01</b>
<b>Youth Specialist Supervisor 11</b>	<b>\$16.50</b>	<b>\$21.59</b>

**MINIMUM REQUIREMENTS**

See pages 2 and 3 for a listing of the job titles, descriptions of work, and minimum requirements.

**EDUCATION AND EXPERIENCE EVALUATION**

Upon receipt of your application, Civil Service staff will review your education and experience to determine if you qualify for the job titles you list on your application. If you qualify, your name will be referred out for jobs as hiring agencies need to fill them.

**HOW TO APPLY**

You may apply by completing the Application for Client Care Classifications (CS-102-7034) attached to this announcement. You may also apply by completing the Application for Client Care Classifications on our web site at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). **Attach photocopies of official college transcripts** to the application.

Applications for Client Care Classifications may be faxed, mailed, or e-mailed to one of the following offices:

Department of Civil Service  
Capitol Commons Center  
400 South Pine Street  
PO Box 30002  
Lansing, Michigan 48909  
FAX (517) 241-8813  
e-mail: [MDCS-BHRS@michigan.gov](mailto:MDCS-BHRS@michigan.gov)

Department of Civil Service  
Detroit Regional Office  
Cadillac Place, Suite 4-400, 4<sup>th</sup> Floor  
3042 West Grand Boulevard  
Detroit, Michigan 48202  
FAX (313) 456-4411

Please direct questions to any of the following Civil Service telephone numbers:

Lansing  
(517) 373-3048  
TTY (517) 335-0191

Detroit  
(313) 456-4400  
TTY (313) 456-4409

Outside Lansing or Detroit  
Toll-free 1-800-788-1766

The State of Michigan is an Equal Opportunity Employer

## MINIMUM REQUIREMENTS

### ASSISTANCE PAYMENTS WORKER 8-11

**Education:** Completion of two years of college (60 semester or 90 term credit hours) from an accredited, degree-granting institution.

**Experience:**

**8 Level:** None.

**9 Level:** One year of experience as an assistance payments worker.

**E10 Level:** Two years of experience as an assistance payments worker.

**11 Level:** One year of experience as an Assistance Payments Worker E10.

**Recognized Alternatives**

- Completion of one year of college (30 semester or 45 term credit hours) **AND** two years of administrative support experience in a human services or office setting, one year of which has been at the experienced (E7) level, may substitute for the education requirement.
- Four years of administrative support experience in a human services or office setting, two years of which have been at the experienced (E7) level, may substitute for the education requirement.
- Three years of Home Aide work experience, one year of which has been at the experienced (E8) grade, may be substituted for the education requirement.

**NOTE:** Some positions require that individuals be able to speak, read, and write Arabic, Chaldean, or Spanish fluently.

### CHILD CARE WORKER 8, E9

**Education:** Completion of two years of college (60 semester or 90 term credits), including 15 semester or 22 term credits in one or more of the following areas of human services: psychology, sociology, social work, nursing, special education, audiology, speech pathology, recreation therapy, music therapy, speech therapy, occupational therapy, physical therapy, child care, or child development.

**Experience:**

**8 Level:** None.

**9 Level:** One year of experience as a Child Care Worker **AND** completion of the Department's approved training program.

### MIGRANT PROGRAM WORKER 8, 9, E10

**Education:** Completion of two years of college (60 semester or 90 term credit hours).

**Experience:**

**8 Level:** None.

**9 Level:** One year of experience as a migrant program worker.

**E10 Level:** Two years of experience as a migrant program worker.

**Recognized Alternatives**

- Completion of one year of college (30 semester or 45 term credit hours) **AND** two years of office support experience involving the provision of public services in a human services or office setting, one year of which has been at the experienced (E7) level, may substitute for the education requirement.
- Four years of office support experience in performing such duties as interviewing the public, obtaining required information, and making decisions necessary to render services to a client; two years of which shall have been equivalent to the experienced (E7) level may substitute for the education requirement.

**Necessary Requirement:** The ability to fluently speak, read, and write Spanish is required.

## YOUTH SPECIALIST 7, 8, E9, 10

**Education:** Completion of two years of college (60 semester or 90 term credit hours) with a minimum of 15 semester or 23 term credit hours in social welfare, social work, sociology, psychology, family ecology, family and child development, counseling and guidance, or criminal justice.

**Experience:**

**7 Level:** None.

**8 Level:** One year of experience as a youth specialist.

**E9 Level:** Two years of experience as a youth specialist.

**10 Level:** Three years of experience as a youth specialist including one year of experience equivalent to a Youth Specialist E9.

**Alternate Education and Experience**

Four years of experience in the care of supervision of youths in a residential group setting, including two years of experience as a Youth Aide E8, may substitute for the educational requirements.

**Physical Requirements**

Ability to take and pass a preemployment physical screening test measuring strength, agility, and cardiovascular endurance.

**Special Requirements, Licenses, and Certifications**

Possession of a valid Driver's License.

Some positions within this class series are assigned job duties that may require possession of the Commercial Driver's License (CDL) issued by the Secretary of State as required by Public Act 346 of 1988 to operate a designated state vehicle.

Any individual with a felony conviction, or who has a pending felony charge is ineligible for consideration for employment.

An applicant (who was not currently employed in a Bureau of Juvenile Justice facility prior to November 1, 2000) who has been convicted of any misdemeanor shall not be eligible for employment until two years subsequent to completion of any sentence imposed, including probation.

## YOUTH SPECIALIST SUPERVISOR 11

**Education:** Completion of two years of college (60 semester or 90 term credit hours) with a minimum of 15 semester or 23 term credit hours in social welfare, social work, sociology, psychology, family ecology, family and child development, counseling and guidance, or criminal justice.

**Experience:** Four years of experience equivalent in responsibility to a youth specialist in state service, including either two years of experience equivalent to a Youth Specialist E9 **OR** one year of experience equivalent to a Youth Specialist 10.

**Special Requirements, Licenses, and Certifications**

Some positions within this class series are assigned job duties that may require possession of the Commercial Driver's License (CDL) issued by the Secretary of State as required by Public Act 346 of 1988 to operate a designated state vehicle.

Any individual with a felony conviction, or who has a pending felony charge is ineligible for consideration for employment.

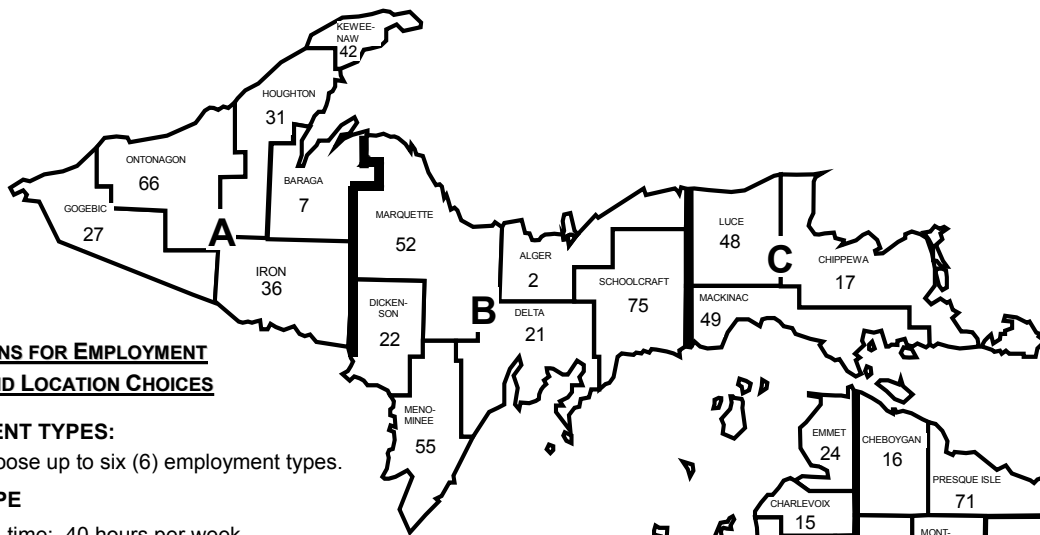
An applicant who has been convicted of any misdemeanor shall not be eligible for employment until two years subsequent to the completion of any sentence imposed, including probation.

State of Michigan  
DEPARTMENT OF CIVIL SERVICE  
400 South Pine Street, P.O. Box 30002, Lansing, MI 48909

## APPLICATION FOR CLIENT CARE CLASSIFICATIONS

All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment. An applicant who refuses to submit to or fails a preemployment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all applicant pools and will be disqualified from state employment for a period of three years. The state of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion, national origin, ancestry, disability, partisan consideration, age, or sex.

BIOGRAPHICAL DATA			EMPLOYMENT TYPES AND LOCATIONS																													
APPLICANT OR EMPLOYEE ID NUMBER (Leave blank if you do not know your ID number)		AREA CODE/PHONE NO. (Between 8 a.m. and 5 p.m.)		YOU MUST COMPLETE THIS INFORMATION TO BE CONSIDERED FOR ANY JOB. Before completing this section, read the EMPLOYMENT TYPES and LOCATION instructions on the next page.																												
APPLICANT'S NAME (LAST, FIRST, M.I.)				EMPLOYMENT TYPES																												
				<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
STREET ADDRESS				EMPLOYMENT LOCATIONS																												
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CITY		STATE	ZIP CODE	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
E-MAIL ADDRESS (if available)																																
<b>CERTIFICATION: Complete the application and read carefully before submitting.</b> <i>By submitting this application and any attachments, the applicant named above certifies to the Department of Civil Service that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the state of Michigan; or if hired, may be grounds for termination at a later date. Previous employers may be contacted for verification.</i>																																
<b>RACE/ETHNIC/GENDER INFORMATION</b> Optional—for reporting purposes only						<b>ACCOMMODATIONS</b>																										
<table><tr><td></td><td>M</td><td>F</td></tr><tr><td>WHITE</td><td>1 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>BLACK (AFRICAN AMERICAN)</td><td>2 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>AMERICAN INDIAN/ALASKAN NATIVE</td><td>3 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>HISPANIC</td><td>4 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>ASIAN/PACIFIC ISLANDER</td><td>5 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>MULTIRACIAL</td><td>6 <input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>							M	F	WHITE	1 <input type="checkbox"/>	<input type="checkbox"/>	BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>	AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>	HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>	MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>	<b>INFORMATION PROVIDED ON AN INDIVIDUAL'S DISABILITY IS CONFIDENTIAL, NOT SUBJECT TO THE FREEDOM OF INFORMATION ACT, AND CANNOT BE SHARED WITHOUT THE PERMISSION OF THE APPLICANT.</b> Individuals who meet the federal eligibility requirements may be designated as a handicapper or as an individual with a disability and provided accommodations in completing the application, taking the examination, or participating in the referral process; and in certain instances, in a trial appointment program. <input type="checkbox"/> Check this box if you believe you are eligible and want to participate voluntarily.					
	M	F																														
WHITE	1 <input type="checkbox"/>	<input type="checkbox"/>																														
BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>																														
AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>																														
HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>																														
ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>																														
MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>																														
<b>JOB INTERESTS — List the specific job titles you are interested in:</b>																																
<hr/> <hr/> <hr/>																																
<b>QUALIFICATIONS</b> Check all the boxes below that apply to you. Attach the required documents for each box you check.																																
I have the ability to speak, read, and write the following language(s): <input type="checkbox"/> Arabic <input type="checkbox"/> Chaldean <input type="checkbox"/> Spanish						You do not need to attach anything. You may be required to demonstrate your ability to potential employers.																										
<input type="checkbox"/> I possess a certificate or license that is required for one or more of the job titles I listed.						Attach a photocopy of your certificate or license.																										
<input type="checkbox"/> I possess college education that is required for one or more of the job titles I listed.						Attach a photocopy of your college transcripts.																										
<input type="checkbox"/> I have work experience that is required for one or more of the job titles I listed.						Complete and attach the Employment Record section of this application.																										



**INSTRUCTIONS FOR EMPLOYMENT  
TYPES AND LOCATION CHOICES**

**EMPLOYMENT TYPES:**

You may choose up to six (6) employment types.

**CODE TYPE**

- AA Full-time: 40 hours per week.
- AB Part-time: Less than 40 hours per week.
- AC Intermittent: Hours vary in each department based on work load.
- AD Limited-term appointment.
- AQ Noncareer appointment: Job lasts less than 90 full-time days in a year with no employee benefits.
- AE Seasonal: Work is limited to part of the year.

**EMPLOYMENT LOCATIONS:** (where you are willing to work)

You may choose up to eighteen (18) employment locations.

Use the map on the right and decide the counties (numbers) or regions (bold letters) in which you will accept an offer of employment. If you pick a region (letter), you will be considered for all counties or locations in that region.

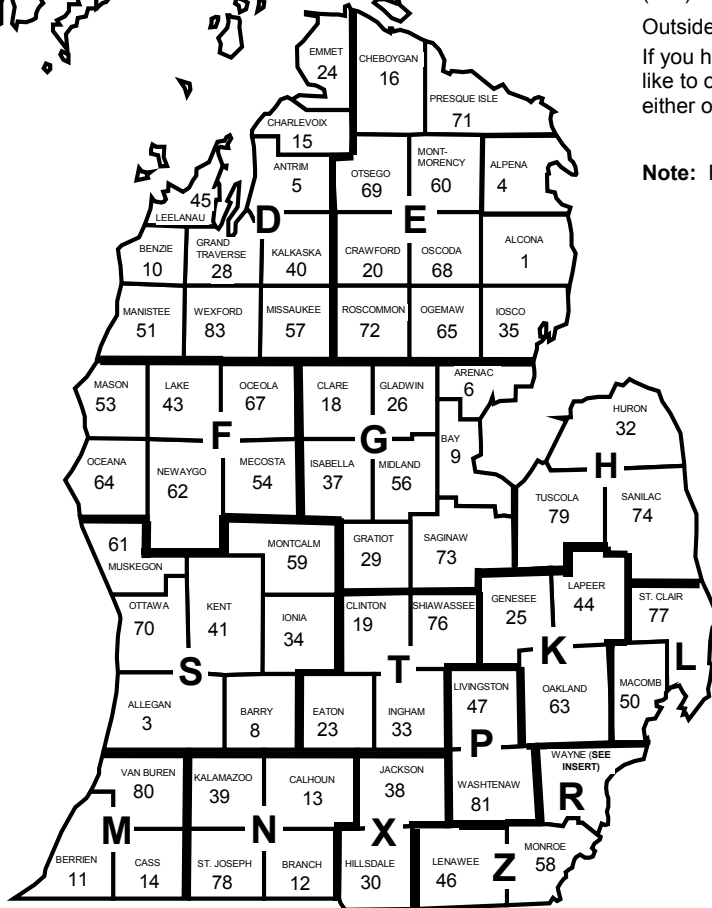
You may choose a combination of counties and regions.

**EXAMPLE**

In this example, the applicant has selected employment type Codes AA, AB, and AE; Regions S and T; and Counties 80, 39, 13, 38, 81, and 37. This applicant would be referred for any full-time, part-time, or seasonal jobs in the counties and regions selected.

EMPLOYMENT TYPES					
AA	AB	AE			

EMPLOYMENT LOCATIONS						
S	T	80	39	13	38	81



**INSTRUCTIONS:**

1. Complete the application.
2. Attach any required documents.
3. Make a copy for your records.
4. **SEND OR TAKE** your completed application to either of the following Department of Civil Service offices:

**Lansing Office**

Capitol Commons Center  
400 South Pine Street  
PO Box 30002  
Lansing, MI 48909  
(517) 373-3030  
(517) 335-0191 (TDD Only)\*

**Detroit Regional Office**

Cadillac Place  
4<sup>th</sup> Floor - Suite 4-400  
3042 West Grand Boulevard  
Detroit, MI 48202  
(313) 456-4400  
(313) 456-4409 (TDD Only)\*

Outside Lansing or Detroit, call 1-800-788-1766.

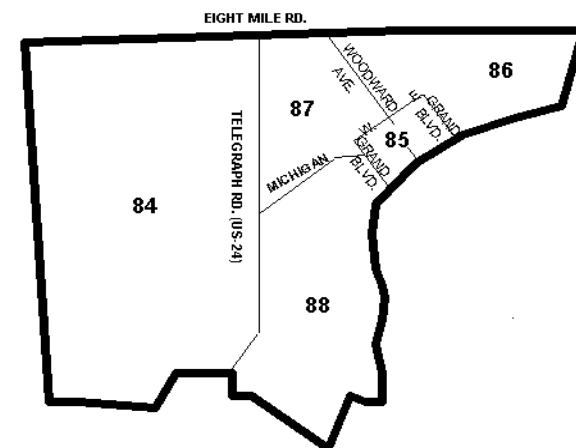
If you have questions about completing this application or would like to obtain Examination Announcements, please contact either of the Department of Civil Service offices listed above.

\*Telephone Device for the Deaf

**Note:** For additional information on state government jobs, visit our Web site at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

**R = WAYNE COUNTY (DETROIT AREA)**

IF YOU ARE NOT AVAILABLE FOR ALL OF WAYNE COUNTY, YOU MAY SELECT CERTAIN AREAS OF THE COUNTY BY USING THE NUMBERS FROM THE MAP BELOW.



**EMPLOYMENT RECORD**

Employment in the Michigan classified service will be verified by reviewing your current position description and payroll record.

Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

<b>EMPLOYER</b>		<b>JOB TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF EMPLOYMENT (MONTH/DAY/YEAR)</b> FROM _____ TO _____		<b>AVERAGE HOURS PER WEEK</b>	<b>NUMBER OF EMPLOYEES YOU SUPERVISED</b>
<b>SUPERVISOR'S NAME</b>			<b>TELEPHONE NUMBER</b>

**DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY**

<b>PERCENTAGE</b>	<b>DESCRIPTION OF YOUR DUTIES</b>
%	
%	
%	
%	
%	
%	
%	
%	
<b>100%</b>	

<b>EMPLOYER</b>		<b>JOB TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF EMPLOYMENT (MONTH/DAY/YEAR)</b> FROM _____ TO _____		<b>AVERAGE HOURS PER WEEK</b>	<b>NUMBER OF EMPLOYEES YOU SUPERVISED</b>
<b>SUPERVISOR'S NAME</b>			<b>TELEPHONE NUMBER</b>

**DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY**

<b>PERCENTAGE</b>	<b>DESCRIPTION OF YOUR DUTIES</b>
%	
%	
%	
%	
%	
%	
%	
%	
<b>100%</b>	

EMPLOYMENT RECORD	
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Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

EMPLOYER	JOB TITLE		
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	
SUPERVISOR'S NAME		TELEPHONE NUMBER	

PERCENTAGE	DESCRIPTION OF YOUR DUTIES
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[illegible]

EMPLOYER	JOB TITLE		
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	
SUPERVISOR'S NAME		TELEPHONE NUMBER	

PERCENTAGE	DESCRIPTION OF YOUR DUTIES
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[illegible]